

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N33307

1. Entity Name

THE CARRIAGE CLUB NORTH
CONDOMINIUM ASSOCIATION, INC

Principal Place of Business

Mailing Address

5005 COLLINS AVENUE
MIAMI BEACH, FLORIDA 33140

2. Principal Place of Business

3. Mailing Address

5005 COLLINS AVENUE 5005 COLLINS AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL

City & State

MIAMI BEACH, FL

4. FEI Number

65-0128840

Applied For

Not Applicable

Zip

33140

Country

MIAMI-DADE

Zip

33140

Country

MIAMI-DADE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANTHONY A. KALLICHE, ESQUIRE
BECKER & POLIAKOFF, P.A.
5201 BLUE LAGOON DRIVE
SUITE 100
MIAMI, FL 33126

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME GUERRA, ELISEO
STREET ADDRESS 5005 COLLINS AVE #1005
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE **VP** ☐ Delete
NAME DIAZ, HUGO
STREET ADDRESS 5005 COLLINS AVE #806
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE **STD** ☐ Delete
NAME DAVIS, MIRTHA
STREET ADDRESS 5005 COLLINS AVE #1017
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE **D** ☐ Delete
NAME FLESCHNER NOAH
STREET ADDRESS 5005 COLLINS AVE #601
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE **D** ☒ Delete
NAME LEFKOWITZ ERWIN
STREET ADDRESS 5005 COLLINS AVE #1522
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Change ☐ Addition
NAME GOLDMAN JAY
STREET ADDRESS 5005 COLLINS AVE #809
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90211 016 ****61.25

A0063135

DO NOT WRITE IN THIS SPACE

CR2E037 (11/00)